

## PROSPECTIVE INVESTIGATION OF PULMONARY EMBOLISM DIAGNOSIS

PIOPED Form 35  
Rev. 0 01/18/85  
1 Page

## DEATH FORM

Clinic No.					
ID No.					
Form Type	D	F	O	1	

1. Patient's NAME CODE:

\_\_\_\_\_

2. Date of death:

Used to calculate DTHDYS

Month	-	Day	-	Year
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Complete an Outcome Report Form  
(PIOPED Form 31) as soon as possible.

3. Place of death:

A. City \_\_\_\_\_, State \_\_\_\_\_

B. In hospital \_\_\_\_\_ (1)

At home \_\_\_\_\_ (2)

Not known \_\_\_\_\_ (3)

Other (specify) \_\_\_\_\_ (4)

\_\_\_\_\_

4. Was an autopsy performed? --- (1) (2) F354  
Yes No

If YES, complete an Autopsy  
Form (PIOPED Form 34) as  
soon as possible.

5. Checked for completeness and accuracy:

A. Certification Number:

\_\_\_\_\_

B. Signature:

\_\_\_\_\_

C. Date:

Month	-	Day	-	Year
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Retain a copy of this form for your files.  
Send the original to the PIOPED Data and  
Coordinating Center. Use PIOPED mailing  
labels:

Maryland Medical Research Institute  
PIOPED Data and Coordinating Center  
600 Wyndhurst Avenue  
Baltimore, Maryland 21210